



SAFE

State Applicant Fingerprint Electronic
Processing Services



Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip: _____

Daytime Contact # _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Birthplace: _____
Month Day Year State

Citizenship: _____ Height: _____ Weight: _____

Original TCN (if this is a reprint) _____

CIRCLE CODES THAT APPLY

<u>SEX</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>
MaleM	BaldBAL	BlackBLK
Female.....F	BlackBLK	BlueBLU
	Blond/Strawberry BLN	BrownBRO
<u>RACE</u>	BrownBRO	GrayGRY
WhiteW	Gray/Part Gray GRY	GreenGRN
BlackB	Red/Auburn RED	HazelHAZ
UnknownU	SandySDY	PinkPNK
	WhiteWHI	

**Go to www.ibtfingerprint.com or call 1-866-254-2366
to schedule fingerprinting appointments. Use requesting agency
information below to ensure correct processing and fees.**

Please bring your **Driver's License (or other State or Federal issued Photo ID)**
to your fingerprint appointment

Requesting Agency Information

(This information must be provided by your REQUESTING AGENCY.)

ORI: **SC920111Z** Controlling Agency: **DEPT OF HEALTH AND ENV**
Reason Fingerprinted: **EMT CERTIFICATION/RECERTIFICATION**